

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

05/31/2005

Michael P. Leary
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08/30/2005 TBESHAH2 00000013 022548 10804365

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FC:1800 15.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/804,365

03/19/2004

Klaus-Dieter Arich

P-US-PR 1095

9220

TITLE OF INVENTION: DUST COLLECTION UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/31/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WILLIAMS, JAMILA O	3722	408-067000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael P. Leary

2 Charles E. Yocum

3 Adan Ayala

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Black & Decker

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Newark, Delaware, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2548 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael P. Leary

Date August 29, 2005

Typed or printed name Michael P. Leary

Registration No. 41,144

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